



## Client Bill of Rights and Responsibilities

### As a BriovaRx™ Specialty Pharmacy Client, You Have the Right to:

1. Be given appropriate and professional quality pharmacy services without discrimination against your race, creed, color, national origin, religion, gender, sexual orientation, handicap or age.
2. Speak with a pharmacist about any questions or concerns about your medication.
3. Speak with a clinical staff member (pharmacist or nurse) for emergency situations 24 hours a day, 7 days per week including holidays.
4. Be given information by the pharmacy so you are fully informed of all your rights and responsibilities.
5. Receive professional, honest and ethical care in accordance with physician orders.
6. Be fully informed of the pharmacy's services and the fees for those services.
7. Participate in the development of your plan of care and be advised of any change in the plan of care or services provided prior to the change being made.
8. Be treated with respect, dignity, courtesy and fairness without discrimination by all pharmacy staff.
9. Be given complete and current information concerning your diagnosis, treatment, risks and anticipated outcomes in order to give informed consent prior to the start of any treatment, including your right to accept or refuse service.
10. Refuse treatment within the confines of the law and to be informed of the consequences of refusing treatment.
11. Be ensured all medical, social and financial records and documentation will be treated with privacy and confidentiality.
12. Receive services from personnel who are qualified including a Registered Pharmacist, Nurse or a Pharmacy Technician.
13. Voice grievances or file a complaint without fear of discrimination or reprisal to Pharmacy Management.
14. Receive a copy of the DMEPOS Supplier Standards and "Medicare Prescription Drug Coverage and your Rights" for Medicare recipients of services.
15. Be informed of your rights under state law to formulate advanced directives.
16. Be informed of what to do and resources available in the event of an emergency.
17. Be assisted and receive special consideration for language barriers to achieve proper understanding of services provided. i.e., non-English speaking clients have the right to an interpreter and deaf, blind or illiterate clients have the right to appropriate materials and interpretation for effective communication.
18. Be informed within a reasonable amount of time of anticipated termination of service or plans for transfer to another pharmacy provider.
19. Be informed of any financial benefits when referred to an organization or another pharmacy provider.
20. Receive a timely response from pharmacy staff upon your physician's request for service.
21. Choose a health care provider.
22. Be informed of limitations of services and care provided by pharmacy.
23. Be assisted with pursuing appropriate resources for services outside the scope of the pharmacy.

### As a BriovaRx™ Specialty Pharmacy Client, You Have the Responsibility to:

1. Notify BriovaRx™ of any changes in your condition such as hospitalization, discontinuation of medicine or treatment, etc.
2. Follow the plan of services and accept responsibility for the neglect or refusal of any services.
3. Notify BriovaRx™ of any schedule changes that may need to be made prior to a scheduled delivery.
4. Notify BriovaRx™ of any problems, concerns or dissatisfaction with services rendered.
5. Participate in mutually agreed responsibilities.